UNITED STATES

Wail Processing Section

SEC SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

AUG 2 12008

FORM D

Washington, DC <u>_ 101</u>

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3235-0076							
Expires: August 31, 2008							
Estimated average burden							
hours per response 16.00							

X 7 / C 7 7 |

SEC U	SE ONLY
Prefix	Serial
DATE F	RECEIVED

	1		d indicate chance	<u> </u>			
Name of Offering (check if this is an ar	mendment and name has char	ngeu, an	u muicate change.	/ Common Stock issna	hle onon conversi	on of the Series A Prefe	erred
Sale and Issuance of Common Stock an	d Series A Preferred Stock	(includ	ling the shares of	Common Stock issua	ore apon conversa	on of the borres (1 1 1 1 1)	
Stock).	7		Rule 505	⊠ Rule 506	☐ Section 4	u(6) □ ULOE	
Filing Under (Check box(es) that apply):	☐ Rule 504	_				.(0)	
Type of Filing:		X	New Filing		Amendr	<u></u>	
	A. BA	SIC ID	ENTIFICATION	I DATA			
1. Enter the information requested abou							
Name of Issuer (check if this is an ame	ndment and name has change	ed, and i	ndicate change.)				
Prism Holding Corporation					(U100.11115)	N 1111 (1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111	
Address of Executive Offices (Number ar	nd Street, City, State, Zip Coo	ie)		Telephone Numb	er (
c/o Spectrum Equity Investors, One Inte			n, MA 02110	(617) 464-4600		<mark>ny deligi ener fotob</mark> iner kidil edin lebi	_
Address of Principal Business Operations				Telephone Numb	er (8058310	
(if different from Executive Offices)				DD005			
				- PROGE	:55ED		
Brief Description of Business							
Holding company	· · · · · · · · · · · · · · · · · · ·		<u> </u>	-/- AUG 2-5	2008	<u> </u>	
Type of Business Organization				U		:f-v)	
						specify):	
☐ business trust	limited partnership, to b	e forme	d	HICKIOCIA	KLUILKO		
		ļ	Month	Year			
Actual or Estimated Date of Incorporation	or Organization:		06	2008	⊠ Actual	☐ Estimated	
		. D441	Camilaa ahbaayiati	ion for State:	M Actual	□ Estimated	
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter U.S CN for Canada; FN	o. Postal for other	foreign jurisdiction	on)	DE		
	CIT for Canada, FIT	TOT OFFI		,			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
	name first, if individual)				
		Street, City, State, Zip Code)			<u> </u>
720 Cool Spring	gs Blvd.Suite 200, Franklin,	TN 37067			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	name first, if individual)				
Business or Res	idence Address (Number and				
Check Boxes	gs Blvd.Suite 200, Franklin,	1N 3/60/			☐ General and/or
that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	Managing Partner
	name first, if individual)				
Hudsmith, Sco	idence Address (Number and	Street City State Zin Code)			
	idence Address (Number and gs Blvd.Suite 200, Franklin,				
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	Director	General and/or Managing Partner
Full Name (Las	name first, if individual)		-		
Clark, William	idence Address (Number and	Street City State Zin Code)			
	gs Blvd.Suite 200, Franklin,				
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
	t name first, if individual)				
Collatos, Willia					
		Street, City, State, Zip Code)			
	nal Place, 29th Floor, Bosto	n, MA 02110			☐ General and/or
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Las Ouagliaroli, Ja	t name first, if individual)		_		
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
Check Boxes	nal Place, 29th Floor, Bosto			(G) 20	☐ General and/or
that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	Managing Partner
	t name first, if individual)				
Taber, Mark I		Street, City, State, Zip Code)			
	quare, Boston, Massachuset	-			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Vettel, Matthe		1 Street, City, State, Zip Code)			
	quare, Boston, Massachuset				
Check Box(es) that	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Apply:	t name first if individuals				
Molner, Phillip	t name first, if individual)				
		Street, City, State, Zip Code)		-	
	rook Drive, Suite 200, Cleve				

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las	t name first, if individual)				
		Street, City, State, Zip Code)			
	nal Place, 29th Floor, Bosto				
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual) ity Partners III, L.P.		· <u>-</u>		
		Street, City, State, Zip Code)	.		
	quare, Boston, Massachusett			. <u> </u>	
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
	t name first, if individual)				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	t name first, if individual)				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	t name first, if individual)				
Business or Res	sidence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or / Managing Partner
	t name first, if individual)	·			
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las	t name first, if individual)				<u></u>
Business or Res	idence Address (Number and	d Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	t name first, if individual)				. Mag or ₁₀
Business or Re	sidence Address (Number and	d Street, City, State, Zip Code)		······································	

					В.	INFORMA	ATION ABO	OUT OFFER	UNG				
l.	Has the i	issuer sold, or	does the issue	er intend to s	ell, to non-a Answer a	accredited in Iso in Apper	vestors in the	is offering? 12, if filing (ınder ULOE.		Y	/es No	<u> </u>
2.	What is	the minimum	investment th	at will be acc	cepted from	any individ	ual?				\$	n/a	
3.	Does the	offering pern	nit joint owne	rship of a sin	gle unit?		••••••			***************************************		res No	<u>x.</u>
1 .	of purch SEC and	e information hasers in conne lor with a stay set forth the i	ection with sa te or states, li	les of securitist the name	ties in the o of the brok	ttering. It a er or dealer.	กกาสการคราย	e nsien is an	associated o	CISON OF ARCHI	OI & DIORCI V	or ucarer reg	ISICICO WILLIA
Full	Name (L	ast name first.	, if individual)		·			<u></u>				
Busi	iness or R	Residence Add	lress (Number	and Street,	City, State,	Zip Code)			<u> </u>				
Nan	ne of Ass	ociated Broke	r or Dealer			<u>.</u>			<u></u>		•	<u> </u>	
		ich Person Lis						<u> </u>				-	
(Ch	eck "All i	States" or chec	ck individual	States)			••••••						
AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]		[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	[]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
(RI)		[SC]	[SD]	[TN]	[TX]	[U T]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
		ast name first			_					_ _		. <u></u>	
Bus	iness or I	Residence Ado	iress (Numbe	r and Street,	City, State,	Zip Code)	<u>-</u>				<u></u>		_
Nar	ne of Ass	sociated Broke	r or Dealer				<u> </u>						
		ich Person Lis						<u> </u>	<u></u>				□ All St
		States" or che		States)					(DC)	[FL]	(CA)	 [LI]]	[ID]
[AL		[AK]	[AZ]								[MN]	[MS]	[MO]
[IL]		(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA] [ND]	[MI] [OH]	[OK]	(OR)	[PA]
[M		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]		[WV]	[WI]	[WY]	[PR]
[RI	-	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AV]	[** *]	[**1]		
rui	i Name (i	Last name firs	t, II muividua	1)									
Bus	iness or	Residence Add	dress (Numbe	r and Street,	City, State,	Zip Code)			<u> </u>	·			
Nai	me of Ass	sociated Broke	er or Dealer										
Sta	tes in Wh	nich Person Lis	sted Has Solid	cited or Inten	ds to Solici	t Purchasers		<u>-</u> .				······	
(Cl	ieck "All	States" or che	ck individual	States)			***************	****************	******************	**************			All St
(Al	_]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
ĮΙL]	[IN]	{iA}	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	T)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	(OR)	[PA]
		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." transaction is an exchange offering, check this box 🗵 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt \$ 232,000,193.14** \$ 232,000,193,14** × Preferred X Common ** includes \$40,763,690.81 of securities issued in connection with the exchange offering Convertible Securities (including warrants)..... Partnership Interests \$0 Other (Specify _ \$ 0 Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$ 232,000,193,14 37 Accredited Investors 0 \$0 Non-accredited Investors 0 \$0 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of Offering Rule 505..... Regulation A.... \$0 Rule 504..... \$0 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities

×

 \$ 50,000,00

\$ 50,000,00

in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not

Transfer Agent's Fees

Printing and Engraving Costs.....

Legal Fees

Total....

known, furnish an estimate and check the box to the left of the estimate.

5 of 10

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROCEEDS	
 Enter the difference between the aggregate offering price given in response to Part C - Question I in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer". 	and total expenses furnished	\$ 231,950,193.14
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for If the amount for any purpose is not known, furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Qu	ne estimate. The total of the	
payments notes made equal to aspect of the party of the payments of the paymen	Payments to Officers,	Payments To
	Directors, & Affiliates	Others
Salaries and fees	. 🗆 \$	□ \$ <u>0</u>
Purchase of real estate		□ \$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment		□ \$0
Construction or leasing of plant buildings and facilities		□ \$0
Construction or leasing or plant duridings and facilities		
Acquisition of other businesses (including the value of securities involved in this offering that may be use in exchange for the assets or securities of another issuer pursuant to a merger)		■ \$231,950,193.14
Repayment of indebtedness		□ \$0
Working capital		□ \$0
		
Other (specify):	_ 	
		□ \$0
G. 1. The state of	-	■ \$231,950,193,14
Column Totals	·	- + =x-1/2/-/-12/
Total Payments Listed (column totals added)	° \$231,	950,193.14

15. 21	EDERAL SIGNATURE	
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchang non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	ly authorized person. If this notice is filed under Rule 505, the Commission, upon written request of its staff, the information	e following signature constitutes on furnished by the issuer to any
Issuer (Print or Type) Prism Holding Corporation	Signature Signature	Date August // 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Scotte C. Hudsmith	Executive Vice President, Finance and Business Develo	opment

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
	And the state of t		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized

Issuer (Print or Type)	Circu	Date
Prism Holding Corporation	Tile of Signer (Print or Type)	August <u>//</u> , 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Scotte C. Hudsmith	Executive Vice President, Finance and Business Developme	nt

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

				APP	ENDIX					
1	Intend to non-a investor	2 d to sell eccredited -s in State 3-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)		
State	Yes	No	Series A/Common	Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No	
AL										
AK	1									
AZ							<u> </u>		ļ. <u> </u>	
AR									<u> </u>	
CA		Х	Series A - \$6,430,716.68 Common - \$64,956.73	2	Series A - \$6,430,716.68 Common - \$64,956.73	0	0		X	
CO		_		-			<u> </u>	<u> </u>	<u> </u>	
CT	<u> </u>									
DE	<u> </u>	-							<u>.</u>	
DC	 -	 								
FL	-	x	Series A - \$332,793.03 Common - \$3,361.55	2	Series A - \$332,793.03 Common - \$3,361.55	0	0		х	
GA		 					Ţ <u> </u>			
HI	 	-								
ID	-	-						<u> </u>		
IL		x	Series A - \$29,544.31 Common - \$298.43	1	Series A • \$29,544.31 Common - \$298.43	0	0		x	
IN		 				-				
ĪA	 	 						<u> </u>		
KS						<u> </u>	 	 -	 - -	
KY		<u> </u>					 		 	
LA		x	Series A - \$54,197.79 Common - \$547.45	1	Series A - \$54,197.79 Common - \$547.45	0	0		х	
ME		Х	Series A - \$9,900.00 Common - \$100.00	1	Series A - \$9,900.00 Common - \$100.00	0	0		x	
MD	-						<u> </u>		<u> </u>	
MA		x	Series A - \$132,894,137,31 Common - \$1,342,365.02	4	Series A - \$132,894,137,31 Common - \$1,342,365.02	0	0		x	
MI					<u> </u>	<u> </u>			 	
MN	 			 			 	+		
MS	 	+ -	 	 			<u> </u>	 		
MO								<u> </u>		

1	Intend to non-ac investors (Part B-	to sell credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E- Item 1)				
State	Yes	No	Series A/Common	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МТ									-
NE		_					ļ		ļ
NV							<u> </u>		ļ
NH							ļ		_
NJ									<u> </u>
NM									
NY		X	Series A - \$19,800,000.00 Common - \$200,000.00	2	Series A -\$19,800,000.00 Common -\$200,000.00	0	0		х
NC								<u> </u>	
ND									
ОН	-	х	Series A - \$49,455,755.68 Common - \$499,553.09	3	Series A - \$49,455,755.68 Common - \$499,553.09	0	0		x
ок									
OR	· · · · · · · · · · · · · · · · · · ·								<u> </u>
PA		Х	Series A - \$19,800.00 Common - \$200.00	1	Series A - \$19,800.00 Common - \$200.00	0	0		x
RI									
sc									
SD	<u> </u>								
TN		х	Series A - \$8,716,669.73 Common - \$88,047.17	18	Series A - \$8,716,669.73 Common - \$88,047.17	0	0		x
TX									
UT							ļ		
VT									
VA									
WA									
wv									
wi		х	Series A - \$56,676.69 Common - \$572.49	1	Series A - \$56,676.69 Common - \$572.49	0	0		х
WY									

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